THE DIVISION OF HEALTH OF MISSOURI 59-009429 alth. STANDARD CERTIFICATE OF DEATH Yelfare blic FILED APR 2 1959 gistration District No. ..... 149 Primary Registration District No. 1002 Registrar's No. rvice 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before Pettis a. STATE b. COUNTY COUNTY 00 Jackson Mo -57 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Inside Limits n804 Inside Limits OR Yes No 🔲 Sedalia Yes 🔀 No 🔙 Kansas Citv TOWN TOWN c. FULL NAME OF (If NOT in hospital, give location) d. STREET (If outside, give location) Length of stay in 1b Reside on Farm HOSPITAL OR INSTITUTION Trinity Lutheran Hosp. 6 **ADDRESS** Yes 🗌 No 🔀 816 E. Broadway 3. NAME OF DECEASED 4. DATE Last Day (Type or print) CARRIE HANCOCK DEATH March 19, 1959 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days WIDOWED 2 DIVORCED White July 16, 1878 Female 106. KIND OF BUSINESS OR 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done Oring most of working life," even if retired) Howard Co., Mo. U.S. A Housewell 13b. MOTHER'S MAIDEN NAME 130. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE Nannie Pritchett John A. Downey 17. INFORMANT AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. POSSIBL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: THROMBOSIS WITH CEREBRAL INFARCE IMMEDIATE CAUSE (a) CERFBRAL RIBBON TYPEWRITE *DAYS* DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Conditions, if any, which gave rise to above couse (a). stating the under-DUE TO (c) \_ lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🔀 🚄 20o. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY q.m. ONLY p.m. 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT | NOT WHILE diseases in Part I form, factory, street, office bldg., etc.) P. , to MAR 19,1969 and last saw her alive on MAR 18,1959 21. I attended the deceased from OW] m on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 22b. ADDRESS // 03 GRAND AVE. 22a, SIGNATURE 22c. DATE SIGNED 3-19-59 23d. LOCATION (City, town, or county) 23a. BURIAL, EREMATION, (State) Burial & Rem. James Sedalia, Mo. 26. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 3-19-59 Mellody-McGilley-Evlar 1800 Linwood

min sported of 30

P. O. Address / Cm

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	ecorded on the reverse side of this certificate was embalme
by me, or by	, Student Embalmer No
working under my personal supervision.	Signed Mulum Carteau
Signature of Student Embalmer	Signed Licensed Embalmer No. 490

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur to comply with the above constitutes grounds for revocation of license).

If ambulged by a STUDENT, he also shall sign in his OWN handwriting

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.